

ARIZONA STATE BOARD OF COSMETOLOGY

1721 E Broadway Tempe AZ 85282
Phone: (480) 784-4539 Fax: (480) 784-4962
www.azboc.gov

BOARD OF COSMETOLOGY

Complaint Submittal Form

This form is for your use when submitting a complaint to the Board. Please read all information, complete this form, and forward it to the Board offices. The matter will be investigated. You must give your name, address, and phone number unless you believe you may be in personal danger if this information is made public. All information submitted to the Board will be public information after the completion of this complaint.* If you do not submit your name and address, you will, of course, not receive further information from the Board. Otherwise, you will receive information regarding the disposition of this complaint.

Please be specific when filling out the forms and providing information. State your complaint on the affidavit using as much space as necessary.

FORWARD THE AFFIDAVIT AND COMPLAINT FORMS TO BOARD OFFICES.

The Arizona State Board of Cosmetology complies with the Americans with Disabilities Act of 1990. If you need accommodations including receiving this information in another format, please contact the Board offices.

*A.R.S. § 41-1010 does not bar the use of anonymous complaints. State Law requires you to provide your name. We do not have to disclose your name if we can show that disclosure will result in substantial harm to you, someone else, or the public. Do you have any reason to believe that substantial harm will result from disclosure of your name? ☐ Yes ☐ No

Please elaborate:

The Arizona State Board of Cosmetology may still receive and act upon an anonymous complaint. Complainants are advised that the agency will take their complaint even if they wish to remain anonymous.

Donna Aune, Supervisor
Inspection/Investigation

PROCEDURES FOR FILING A COMPLAINT WITH
ARIZONA STATE BOARD OF COSMETOLOGY

This Board is charged with the administrations and enforcement of cosmetology laws (A.R.S. § 32-501 et seq.). We investigate complaints involving unlawful acts; for instance, false advertising, deceptive statements, violations of health and sanitation regulations, unlicensed persons providing professional services, incompetence, or malpractice. If you feel you have been the victim of an unlawful practice or have information about a specific incident, complete the enclosed form, and forward it to the Board.

To help us better understand your complaint, take a minute to ORGANIZE your information so the details are clearly stated.

SOME TIPS ON PREPARING A WRITTEN COMPLAINT

- 1. Make a separate list of things you want to say; try to separate your feelings from the facts.*
- 2. Present the events in the order in which they happened using dates when possible.*
- 3. Enclose copies of documents such as contracts, letters, advertisements, sales slips, cancelled checks, warranties, letter(s) from witnesses (include contact number & address) medical diagnosis, or other documents that may support your complaint. Keep the originals for your files.*
- 4. If your complaint is regarding deceptive practices, your complaint should describe the event or practice which was misleading to you. If possible, you should state why the practice was misleading.*
- 5. Complete the complaint form, and return it to our office. Receiving a complete and detailed account of the facts will help us to better assist you.*

FORWARD your complaint to:

Arizona State Board of Cosmetology
1721 East Broadway
Tempe Arizona 85282-1611

Board contact information:

Phone: 480-784-4539
Fax: 480-784-4962
Web: www.azboc.gov

Upon receipt of your complaint, we will determine if your complaint comes under our authority. If it does, we will take such action as is possible under our statutory authority. If your complaint does not fall under our authority, we will refer the complainant to the appropriate agency if applicable.

Law prohibits us from giving you legal advice, legal opinion, or acting as your private attorney. If you have suffered or may suffer a significant monetary loss, you should contact a private attorney to discuss your legal rights and remedies. If you do not have a private attorney, you may wish to contact the County Bar Association's lawyer referral service; or the local legal aid society may be able to assist you.

PUBLIC RECORD COMPLAINT FORM

DATE: _____

Office use:
File No.: _____

**Your name and address:* [see page 1]
(Complainant)**

Phone No.: _____

**Name and address of firm or person:
(Respondent)**

Phone No.: _____

DETAILS OF COMPLAINT

DATE & TIME: _____ TYPE OF SERVICE _____

If available, please provide pertinent evidence; e.g., photos before & after, hair clippings, doctor findings, and additional professional service records, etc.

Have you made a direct complaint to the provider of this service? YES ☐ NO ☐

To whom did you speak: _____ Date: _____

Have you received a response to your direct complaint? YES ☐ NO ☐

From whom: _____

Action take: _____

Have you complained to any other person or organization about the service? YES ☐ NO ☐

Please specify: _____

Would you testify under oath at a legal hearing regarding this complaint? YES ☐ NO ☐

Signature of Complainant* [see page 1]

Date

PLEASE BE AWARE THAT INFORMATION SUBMITTED IS PUBLIC RECORD.

AFFIDAVIT

STATE OF ARIZONA

FILE NO.: _____

COUNTY of _____

I, _____, HEREBY attest to the following:

(explain your complaint)

I further state that I have read the above contents, and these statements are true to the best of my personal knowledge.

SIGNATURE* [see page 1]

ADDRESS

CITY/STATE/ZIP CODE